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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

3800.01

First Named Inventor

John

IRVING

COMPLETE IF KNOWN

Application Number

Filing Date

July 12, 2002

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and System for Mult-Level Monitoring
AND FILTERING OF ELECTRONIC TRANSMISSIONS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

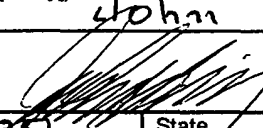
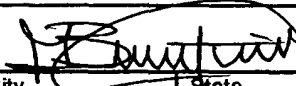
[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below	
Name JAMES D. FORNARI, ESQ	
Address 645 MADISON AVENUE - 13th FLOOR	
City New York	State New York ZIP 10022
Country USA	Telephone 212-698-0567 Fax 212-698-0573
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) John	Family Name or Surname IRVING
Inventor's Signature 	Date June 19, 2003
Residence: City 352 DALY STREET OTTAWA	State ONT Country CANADA Citizenship CANADIAN
Mailing Address 352 DALY STREET	
City OTTOWA	State ONT ZIP K1N 6G9 Country CANADA
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Marcello	Family Name or Surname BURSZEIN
Inventor's Signature 	Date June 19, 2003
Residence: City OTTOWA	State ONT Country CANADA Citizenship ARGENTINEAN U.S. CANADIAN
Mailing Address 335 COOPER STREET - Apt 23	
City OTTOWA	State ONT ZIP K2P 0G6 Country CANADA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.	

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>2</u> of <u>2</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEVE		MULLIGAN	
Inventor's Signature <i>Steve Mulligan</i>		Date <i>Jun 19/2003</i>	
Residence: City OTTOWA	State ONT	Country CANADA	Citizenship CANADIAN
Mailing Address 125 STEWART STREET -APT 404			
Mailing Address			
City OTTOWA	State ONT	Zip K1N 6B3	Country CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PATRICIE		LAJEUNESSE	
Inventor's Signature <i>Pat Laj</i>		Date <i>June 19/2003</i>	
Residence: City OTTOWA	State ONT	Country CANADA	Citizenship CANADIAN
Mailing Address 35 LANGEVIN AVENUE			
Mailing Address			
City OTTOWA	State ONT	Zip K1N 1G1	Country CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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DECLARATION – Supplemental Priority Data Sheet

Additional foreign applications:

[illegible]

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	John IRVING
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
JAMES D. FORNARI	25,260

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	JAMES D. FORNARI				
Address	645 MADISON AVENUE - 13 th FLOOR				
Address					
City	NEW YORK	State	NY	Zip	10022
Country	USA				
Telephone	212-698-0567	Fax	212-698-0573		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	John IRVING				
Signature	<i>[Signature]</i>				
Date	June 19, 2003			Telephone	1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Applicati n Number

Filing Date

First Named Inventor

John IRVING

Title

Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:



Practitioners at Customer Number

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Firm or
Individual Name

Address

Address

City

Country

Telephone

JAMES D. FORNARI

645 MADISON AVENUE - 13th FLOOR

NEW YORK

State

NY

Zip

10022

USA

212-698-0567

Fax

212-698-0573

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	MARCELLO BURSZEIN
Signature	<i>[Signature]</i>
Date	JUNE 19, 2003
Telephone	1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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Application Number	
Filing Date	
First Named Inventor	John IRVING
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
JAMES D. FORNARI	25,260

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OR

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Address					
City	NEW YORK	State	NY	Zip	10022
Country	USA				
Telephone	212-698-0567	Fax	212-698-0573		

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	STEVE MULLIGAN		
Signature	Steve Mulligan		
Date	Jan 19 2003	Telephone	1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

John IRVING

I hereby appoint:

☐

Practitioners at Customer Number

OR

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Name	Registration Number
JAMES D. FORNARI	25,260

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OR

☒Firm or
Individual Name

Address

Address

City

Country

Telephone

JAMES D. FORNARI

645 MADISON AVENUE - 13th FLD 012

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Zip

10022

USA

212-698-0567

Fax

212-698-0573

I am the:

☒

Applicant/Inventor.

☐Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

PATRICK LAJEUNESSE

Signature

Date

June 19/2005

Telephone

1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒

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